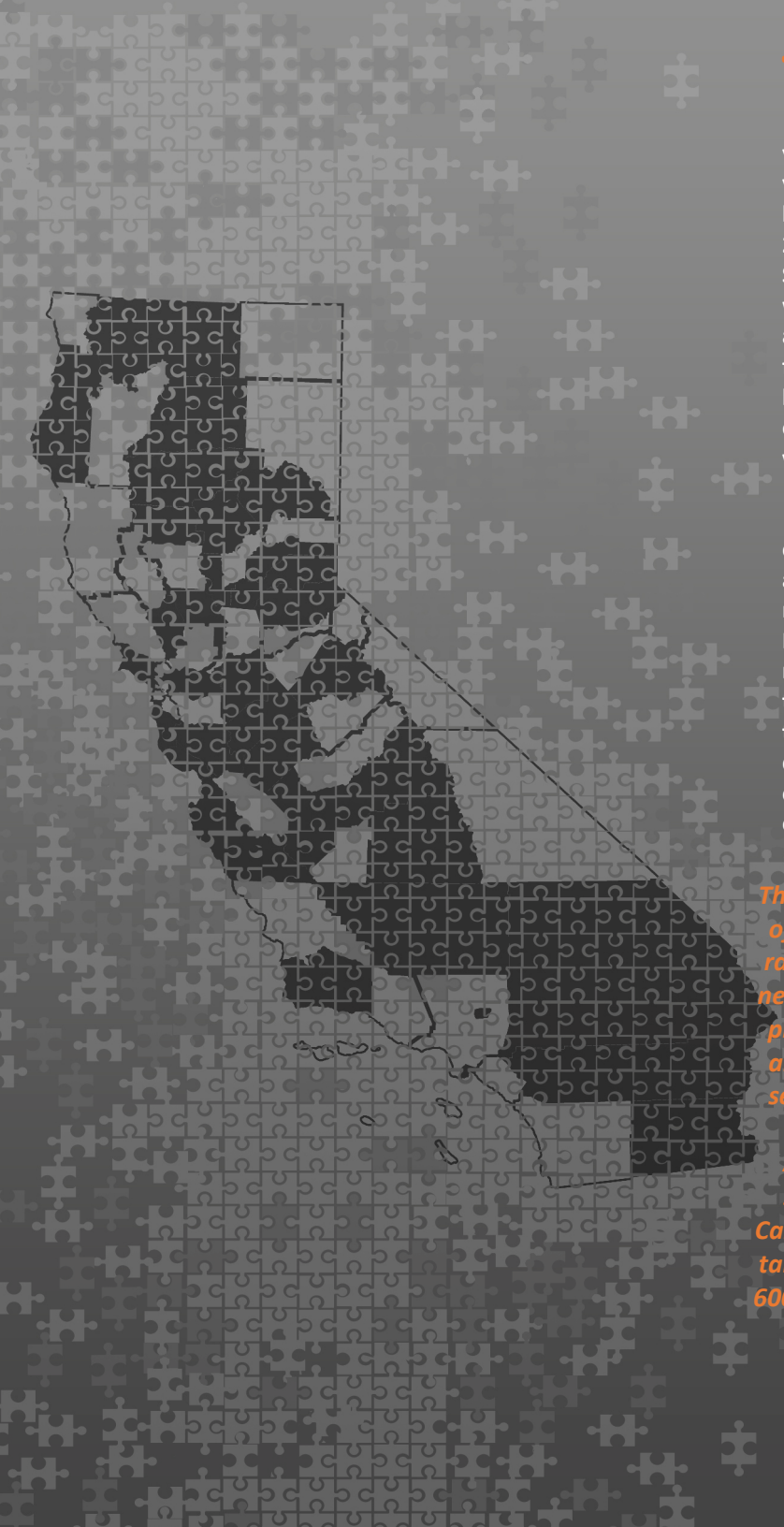


..what we have accomplished & where we are headed..

It is hard to believe that it has only been a year and a half since CalREDIE initially went live. As you may recall, we started CalREDIE with three pilot Local Health Departments (LHDs) on January 4th, 2010. The state is indebted to the staff from Placer, San Mateo, and Santa Cruz for their willingness to work with the CalREDIE team in configuring, testing and implementing CalREDIE for the first time, and for their ongoing input and support. Since those humble beginnings, CalREDIE has spread to 31 LHDs of California's 61 LHDs, providing public health surveillance to over 30% of the state's population.

The exchange of information electronically between public health agencies, laboratories, and other health care partners is a critical step to realize the national goal of an electronic Health Information Exchange (HIE). The California Department of Public Health (CDPH)/CalREDIE team sees tremendous potential from standardizing the way that the 61 LHDs and the state collect and share data, establishing electronic laboratory communication, and working with providers to adopt and embrace HIE.

CalREDIE has gradually become a crucial piece of this puzzle and continues providing a platform for California to meet its expectations under the national HIE vision, wherein improved collection and sharing of data result in better public health outcomes.

This year, in addition to the continued roll-out of CalREDIE to the remaining LHDs, we are focused on linking public health's two primary data sources- the health care providers and the laboratories – to CalREDIE. The Provider Portal, which allows health care providers to securely submit CMRs directly to the LHDs via CalREDIE, has been implemented in 10 LHDs, with over 80 reporters submitting CMRs on behalf of approximately 350 health care providers. On May 5th CDPH unveiled the draft Electronic Lab Reporting (ELR) Implementation Guide and initiated a 90-day public comment period. The establishment of an official ELR Transmission Standard at the end of the comment period is a fundamental step towards being able to receive electronic reports from laboratories across the state.

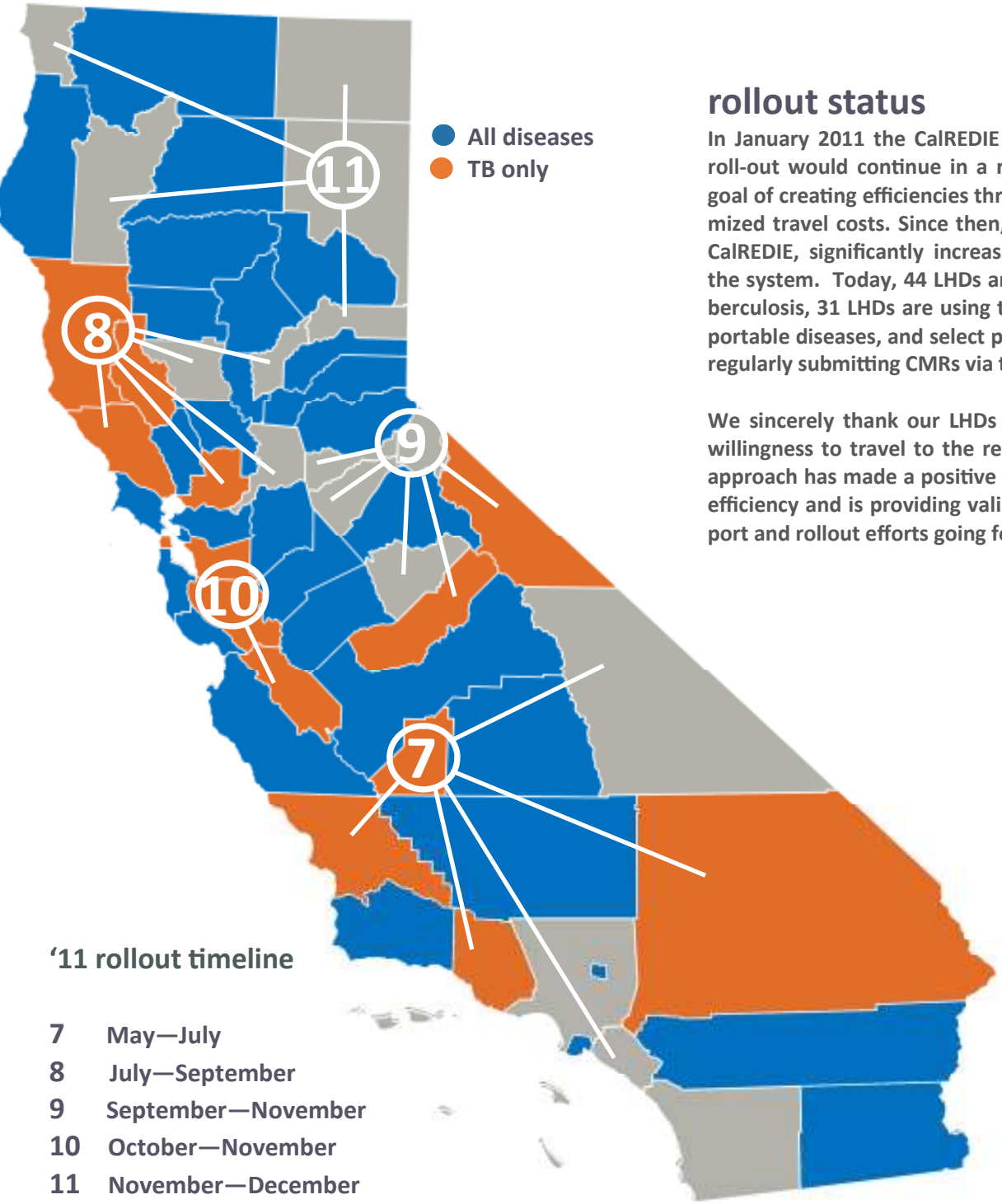
The Center for Infectious Diseases at the California Department of Public Health is grateful to the staff of our 31 member LHDs and team CalREDIE for what has been a very successful implementation of a rather complex surveillance system in very challenging fiscal times. CalREDIE and its various components have amazing capabilities that will serve public health well into the future. CalREDIE's ability to provide web-based real-time provider and laboratory-based clinical data for public health reporting and surveillance is increasingly seen as a model by others. Over time, CalREDIE has the capability to serve as the central platform for public health reporting in the state well beyond infectious diseases.

As you may imagine with growth comes challenges and opportunities. You will read below about some of the great collaborative, data sharing, and timely disease investigation opportunities that CalREDIE provides its users. CalREDIE is also providing significant cost-saving opportunities over maintaining individual independent public health reporting applications. However, as we have crossed the 600 - user mark, the challenge and cost of providing adequate support to all of you is very much on our minds. CDPH will be engaging key internal and external CalREDIE stakeholders over the next few months to discuss long-range plans for fiscal sustainability.

I wish you all a happy and healthy summer.

Gilberto F. Chavez, MD, MPH, California State Epidemiologist

CalREDIE Counties 2011



'11 rollout timeline

7	May—July
8	July—September
9	September—November
10	October—November
11	November—December

CalREDIE Newsletter, June '11

rollout status

In January 2011 the CalREDIE team announced that system roll-out would continue in a region based manner with the goal of creating efficiencies through group trainings and minimized travel costs. Since then, 10 LHDs have transitioned to CalREDIE, significantly increasing the population served via the system. Today, 44 LHDs are using CalREDIE to report Tuberculosis, 31 LHDs are using the system to submit on all reportable diseases, and select providers from five counties are regularly submitting CMRs via the system.

We sincerely thank our LHDs teams for their flexibility and willingness to travel to the regional CalREDIE trainings. This approach has made a positive difference in terms of cost and efficiency and is providing validation for the funding for support and rollout efforts going forward.

target regions

The target regions map highlights LHDs that we are hoping to collaborate with in 2011. The CalREDIE team is already coordinating with many of the indicated LHDs to discuss the implementation timeline and set the training dates/locations. If your LHD has been identified as a potential member of the target regions we encourage you to take advantage of this opportunity to join CalREDIE in 2011. Knowing where you are in terms of flexibility to travel, staff availability, training facility and other resources will help us decide how to organize the rollout in the remaining regions.

As we continue the rollout, we want to make sure that you and your colleagues have a chance to see the demo of CalREDIE, learn about the system's components and functionalities and give us an opportunity to answer your questions. If you are considering implementing CalREDIE, please contact us to attend one of our CalREDIE 101 "Kick Off" meetings. These are a great opportunity for you and your staff to learn more about the system.

CalREDIE Components: Provider Portal & Case Manager

CalREDIE Newsletter, June '11

The CalREDIE Provider Portal is a module that health care providers securely access to submit Confidential Morbidity Reports (CMRs) for cases of notifiable conditions to public health. Case information is then instantly accessible for LHDs to review and investigate disease incidents as well as outbreaks and disease patterns. CDPH's model for implementing the Provider Portal is to support the LHDs in their recruitment, training, and support of the health care providers using CalREDIE. The model works in a tiered fashion, where CDPH rolls out the Provider Portal to three LHDs every three months. These LHDs initially train and recruit three reporters during this initial three month period, then after a successful "pilot" in their county, they begin to expand their implementation of the Provider Portal in their jurisdiction.

There are currently 10 counties enrolled with the Provider Portal.

In a recent survey of the Provider Portal county liaisons, the Portal is easy for providers to use, and 100% of respondents noted that provider resistance was not a barrier to portal implementation. A total of 80% of the respondents noted that their providers seem satisfied with the Portal's overall functionality. CDPH will be working to enhance the Provider Portal module in upcoming versions, including improving the "merge" functionality that the local liaisons rely on to ensure that provider-submitted cases are not duplicated in CalREDIE.

Three counties (San Mateo, Santa Cruz, and Placer) have been using the Portal successfully for six months, two more (Yolo and Stanislaus) were added in early spring, and five more counties (Santa Barbara, Fresno, Shasta, Siskiyou, and Plumas) were invited in May to use the Provider Portal.

CDPH has invited counties to join the Portal based on their CalREDIE "Go Live" date; in addition, a few counties that came on board with CalREDIE were previously supporting providers electronically, so we worked to continue that support.

In Fiscal Year (FY) 11, the CalREDIE team plans to support 12 more LHDs in the rollout of CalREDIE to health care providers in their counties, for planned use by over 100 new users reporting for health care providers, representing approximately 300 more physicians covered by the system. This will bring us to a total of over 200 health care reporter accounts for FY10 through FY 11, with up to 1,000 health care providers networked into the system.

Configuration of CalREDIE Case Manager (CM) is underway! The Case Manager module of CalREDIE is designed to meet the case management needs of LHDs by facilitating the collection of treatment, history, visit and referral information, and more. It has additional contact management functionality and some handy reports and tools designed to help LHD staff with the day-to-day management of their cases.

CDPH and LHDs representatives from Berkeley, Marin, Riverside, Kings, Fresno, Santa Barbara, San Luis Obispo, and San Bernardino have been meeting weekly and diligently working to configure this new tool. Because Case Manager is integrated with CalREDIE, workgroup members were solicited from current CalREDIE users who have a solid understanding of how the system works overall as well as the needs that may be met with Case Manager that may not be fully covered in CalREDIE.

You can think of Case Manager as an extension of CalREDIE, your log in would be your CalREDIE log in and you can move between systems without logging in and out- and the look and feel are the same. CalREDIE is the surveillance side, and Case Manager is the patient management side that handles different services/referrals, visits, therapy etc. Case Manager is an optional tool being offered to meet the needs of our local partners.

The Case Manager tool is first being configured for Tuberculosis (TB) case management, as TB programs are among those with the greatest need for the CM tool. Configuration for other interested diseases and programs will begin as we wrap up with TB. Case Manager matches the new and improved look and feel of the upcoming CalREDIE Version 10, and we hope to launch it shortly after the release of Version 10. If you have questions about Case Manager, you can contact Jen Allen, our TB/CM Implementation Lead at:

jennifer.allen@cdph.ca.gov

CalREDIE Components: Outbreak Management, ARNOLD & HIV reporting

CalREDIE Newsletter, June '11

The Outbreak Management Work Group (OMWG), comprised of CDPH and LHD representatives, has been meeting on a regular basis to evaluate the enhancements necessary to improve CalREDIE's Outbreak Management functionality. The group is prioritizing these enhancements and developing the requirements for additional functionality, and the CalREDIE team is working with Atlas to determine when these enhancements can be implemented in the application.

This spring, Automated Results Notification and Online Delivery (ARNOLD), the email alerting system that is used with CalREDIE, was piloted with a limited number of state and local users. During the ARNOLD pilot the CalREDIE team identified a few issues; these are currently being addressed by CDPH and our vendor, Atlas. Once these issues are resolved, ARNOLD will be made available to other CalREDIE users. Once implemented, ARNOLD will send you an email to alert you when an incident meets certain criteria. You will sign up for what you want to be notified on and then the system will notify you when those conditions have been met. As a long range plan, we will be working with our colleagues in the Emergency Preparedness Office to integrate the alerting capabilities of ARNOLD with The California Health Alert Network (CAHAN).

Once implemented, ARNOLD will help greatly with Workflow:

- Can notify an SME when the diseases they review have been entered (or edited) in the system
- Can notify a LHD when a new case has come in to the Staging area from the Provider Portal
- Can notify a LHD when the state has edited and returned a case to them with questions

ARNOLD can alert on Urgent Diseases:

- CDC Urgent Diseases require a phone call to the Duty Officer as well electronic submission by next business day
- These diseases can all be configured to alert the relevant SMEs/Branches

HIV Reporting

Recent changes in legislation (AB 2541) allows for HIV information to be reported electronically. CDPH and the CalREDIE team have been working to incorporate HIV reporting into CalREDIE. Members of the CalREDIE team meet regularly with the CDPH Office of AIDS, and to date have nearly finalized the layout of the Adult Case Report form for implementation in CalREDIE. Additionally, we are documenting the business rules and special functionalities required for the nuances of reporting HIV/AIDS data to CDC.

CalREDIE ELR in 8 steps

CalREDIE Newsletter, June '11

The CDPH has been working toward implementation of statewide electronic laboratory reporting (ELR) of communicable diseases. On May 5th, 2011, CDPH released a draft Implementation Guide for the transmission of legally required laboratory reporting of communicable disease information to public health. This document is a guide for the electronic transfer of reportable disease laboratory tests from laboratories to CDPH using Health Level Seven (HL7) Version 2.5.1. The Implementation Guide defines standard codes for laboratory tests and results for notifiable conditions and jurisdiction reportable conditions. There is still a lot of work to be done before we can start accepting the messages from the laboratories across the state:

1 Collect Feedback on ELR Transmission Standard & Implementation Guide

Consistent application of standards for reporting of data is critical to the ultimate utility of the data. CDPH must adopt an ELR Transmission Standard to assure that our data needs are met within the broader context of disease surveillance. We want to ensure that your local laboratories have the opportunity to review and provide input on the ELR Implementation Guide Draft during the 90-day public comment period (May 5th – August 5th, 2011) so that it will be a useful document for transmitting HL7 messages. The document can be obtained at the CalREDIE ELR webpage http://www.cdph.ca.gov/data/informatics/tech/Pages/CALREDIEELR.aspx along with the instructions on how to submit feedback. The ELR Implementation Guide Draft is a living document, which will undergo continuous internal review and modification. Questions, comments and recommendations from our vendors, partners and potential users will be critical to refining this guide into a valuable and user-friendly tool for implementing ELR capability throughout the state. After the 90-day public comment period, CDPH will incorporate any needed changes and finalize an official ELR Transmission Standard and Implementation Guide for use by laboratories statewide. Input from your laboratory information management staff is strongly encouraged so please share this information with them.

2 Engage Key Stakeholders

During the 90-day comment period CDPH will begin collaborating with several key stakeholder groups to discuss the ELR effort. Involvement of all impacted parties throughout the effort is critical to ensure that the capabilities and needs of all are taken into consideration. Together we will work toward bridging the gaps between national HIE inoperability goals and the realities of local implementation. Key stakeholder groups are identified as:

- LHDs including the representatives from the California Conference of Local Health Officers (CCLHO) affiliate organizations
- California Public Health Laboratory Directors (CAPHLD)
- Large Healthcare Organizations (Kaiser, Sutter, UC medical centers, etc.)
- Private Laboratories (Quest, LabCorp, etc.)
- Electronic Health Record (EHR) software and Laboratory Information Management Systems (LIMS) Vendors (EPIC, STARLIMS, Cerner, etc.)

If you are a representative of one of these groups and interested in following the CalREDIE ELR effort, please contact Tamara Srzentic, CalREDIE Outreach Director at tamara.srzentic@cdph.ca.gov to be invited to one of the outreach sessions that will be scheduled in the coming months.

3 Go through a Pilot

Last month we kicked off the planning for the ELR pilot with Sutter Health and EPIC, their EHR vendor. In the coming months we will be working together to develop a project plan and prepare the infrastructure on both ends to transmit the messages. During this critical phase we will be testing the receipt of the ELR messages to identify issues, assess data validity, accuracy and timeliness and apply lessons learned. The ultimate goal of this collaboration is to develop a tool set that can be used by all laboratories across the state.

CalREDIE ELR in 8 steps

CalREDIE Newsletter, June '11

4 Develop a Rollout Plan

Based on stakeholder input, lessons learned from the pilot and feedback from other entities who successfully implemented ELR we will develop a sustainable Rollout Plan. An incremental rollout, similar to the existing tiered-based plan that we have used to implement the core CalREDIE system across the state, will help ensure that appropriate support can be provided to new users and that lessons learned and best practices can evolve.

5 Possible Configuration to the Core System

The CalREDIE core surveillance and reporting system, which will serve as a repository of all electronic laboratory results, has been extensively validated in terms of data integrity, content and usefulness for CDPH and LHDs across the state. Any new configuration for ELR data collection, that may be determined as necessary, will require extensive validation to ensure that data integrity and content meets Department standards.

6 Establish Partnerships

Our current resources limit us to committing to a pilot with a single entity. However, long-term, the number of data provider interfaces associated with CalREDIE and the time required to validate each interface will be significant and must be accounted for. We plan to leverage lessons learned by other national and state entities who have successfully managed the ELR receipt and will apply their best practices in creating efficiencies (related to certification and validation) in establishing ELR interfaces with various organizations in the state simultaneously. At the end of our pilot we will better understand our capacity to accept ELRs and will be able to create a more targeted implementation and formalize partnerships. This may include partnering with local, state or national Health Information Exchanges to ensure proper validation and verification.

7 ELR User Support

Ongoing communication, comprehensive documentation and training are essential elements for successful and sustainable implementation. At minimum, our goal at CDPH is to be ready to provide ELR user support on public health aspects of data reporting and utilization. Ultimately our vision is to provide a complete user support pre-, during and post- implementation, similar to our CalREDIE 101-104 transitioning process that all users go through when coming on board with our core CalREDIE system.

8 Developing a Sustainable Cost Model

As CalREDIE continues to evolve, ongoing support and maintenance will be required, including funding to support the interface with various systems across the state. As we look to the future, CalREDIE servers will need to capture and store a significant amount of data and we must consider overhead costs associated with disk storage, data retention and archive requirements and the ongoing monitoring required to identify equipment issues and disk storage availability. Most importantly, as data in CalREDIE are treated as an asset, ongoing data management activities that are needed to review, analyze, and conduct quality assurance will be additional costs to system development.

Interview with Amie DuBois, Sr. PHN, San Mateo CD Control

CalREDIE Newsletter, June '11

San Mateo County has been using the system exclusively since January 2010. They are currently live on all diseases, and have been using the Provider Reporting Portal since November 2010. CD Control, within the Public Health Division of San Mateo County, consists of over 15 separate programs, including core CD, TB and STD Control services, the Public Health Laboratory, Animal Control, Emergency Preparedness, Vital Statistics, Mobile Clinic services, and others. The three core Disease Control programs (CD, TB, and STD Control) maintain responsibility for investigation and reporting to CDPH via CalREDIE. Epidemiology, which is not part of the Public Health Division, is responsible for surveillance activities and report generation through CalREDIE. The core Disease Control programs along with Epidemiology participate in and use CalREDIE on a regular basis.

Amie DuBois, Sr. PHN, San Mateo County Communicable Disease (CD) Control has shared with us their story of transitioning to CalREDIE:

§ *Background*

"San Mateo County was selected as one of three pilot counties during the initial stages of CalREDIE implementation. We were happy to try a new system, as the previous system, AVSS, was, in our opinion, a limited system, which only fulfilled reporting criteria to CDPH for confirmed cases of reportable diseases. The idea that we could conduct real-time investigation and documentation, and report the actual status of the diseases we were investigating was very appealing. There were staff members who were involved in the potential pilot of the WebCMR Program years ago, which apparently did not completely matriculate. Because of their experiences with the dissolution of WebCMR, they were initially skeptical about CalREDIE's viability/longevity. Nevertheless, line staff and supervisors from the core Disease Control programs were identified and proceeded to attend the initial CalREDIE trainings with the CalREDIE team.

§ *Transitioning & Functionalities*

During our transition, and the initial stages of use, the increased workload was placed on administrative staff at the front end and investigative staff during the investigation and at the back end for reporting.

As a pilot county, another reality was the operational challenge of sorting through internal investigation issues versus CalREDIE operational issues. It is important to acknowledge that the operational and program issues that existed during the pilot phase of implementation do not really exist for LHDs who come on board now. The newness of the program for everyone did add to our workload, but we learned the system really well, and we also became very comfortable asking questions all the time!

Reporting and surveillance are more timely and accurate for example: CalREDIE allows us to report cases in confirmed, suspect, probable, not reportable, previously reported statuses - we can also pull data for any of these categories for surveillance. This represents a much more accurate method of reporting versus our previous system (AVSS), which only allowed reporting of limited classification statuses. Additionally, it's nice to be able to generate our own reports if we want to look at a specific disease, or the past month's numbers; the report generation features of the system are very easy to use and programs can generate their own reports if epidemiology is not available.

It was apparent soon after implementation that the following additional advantages and utility of CalREDIE exist:

1. *Allows us to consolidate multiple databases into one system. Diseases investigated but ultimately not reportable are also included in the scope of diseases we enter into CalREDIE – this way we can track all activity in one program.*
2. *We can conduct real-time disease surveillance.*
3. *Investigations are real-time, and the data for cases are readily available to the State Branches - this has helped a lot in cluster and outbreak investigations by the State – they can access case information right away, and input lab information on the case history form in CalREDIE.*
4. *The system provides an opportunity to evaluate our operational practices with regards to QA activities – example: through CalREDIE, Case Report Forms (CRFs) are reviewed by the State in a much more timely manner than when submitted on paper – we were able to identify that we were not including pertinent clinical information for pertussis cases, and this influenced how we classified cases.*
5. *Can easily monitor staff workload, performance and gaps in understanding related to reporting.*
6. *Ease of system and real-time viewing by the State has motivated staff to complete documentation in a timelier manner than previously.*
7. *In-house tech support not utilized, as all help needs go through CalREDIE help-desk.*
8. *Helps us move to a paperless system.*
9. *Ultimately more functional than AVSS, which was limited to reporting ONLY, and had NO capacity for documenting all investigative activities.*
10. *This is a flexible system! If the classification of a disease changes, the user can change in real time; if duplicates exist, incidents can be deleted!*

Interview with Amie DuBois, Sr. PHN, San Mateo CD Control

CalREDIE Newsletter, June '11

§ Organization and preparation

To best prepare for the transition, it can be really helpful to talk to a county who is currently using CalREDIE before implementation. We obviously did not have that experience, but it makes a tremendous difference to discuss actual use and function with current users. We all attended an initial training regarding CalREDIE function and use; however, there was no way to know or anticipate the specific operational impact of this system until we used it – we met more than once per week in the initial stages, and basically all questions and concerns were just placed on the table for discussion – it is possible that many LHDs will evaluate their operations related to disease investigation and reporting after implementing this system, because the system is active all the time. After the first three months of use, we met less frequently, dropping down to every other week, and then the larger group (which was ALL users) stopped meeting and the individual programs met with their staff as needed.

The CD Control Program does have a standing weekly meeting to address questions, updates and dissemination of CalREDIE-related information. We fold this meeting into our investigation team meeting in order to ensure that we are simultaneously addressing our operational process in CalREDIE along with our obligations for reporting to CDPH.

A major change for the CD Program has been the release of the morbidity clerk from reporting duties – the disease investigators are responsible for completing the Case Report Forms and submitting the reports to the State.
For our program, the only remaining function of the morbidity clerks is to query CalREDIE for an existing person when a CMR or lab report arrives, and create an incident if once does not already exist. After that process, the incident is the responsibility of the investigation team until it is closed and submitted to CDPH.

In general, we recommend the following when preparing to transition to CalREDIE:

1. ***DO** attend any training that the CalREDIE team is offering, in your home county, or in a neighbor county.*
2. ***DO** read the Reference Guide and use it for clarity regarding standards and expectations.*
3. ***DO** assign 1-2 point people in your department for staff to route questions and concerns.*
4. ***DO** schedule frequent team meetings to process how each portion of the workflow is progressing.*
5. ***DO** test cases in the Sandbox/Staging area.*
6. ***DO** evaluate and re-evaluate your own internal workflows at 1, 3, and 6 months.*

§ CalREDIE User support

The CalREDIE team has evolved as the number of users has grown. That said, the core values and availability of the team has not essentially changed – we have found the program and support teams to be very helpful. The Help Desk, for example, is efficient and practical – queries are assigned a number, and routed to a content expert for review. We have found that as we use the system more, the questions we send to the Help Desk are more complex, and take longer to address, but this is primarily because the staff is thorough, and really attempts to get at the core of the query. Our experience is that the team has been successful in helping us resolve major and major and minor usage issues, and helped us understand how to use the system better over time.

The Local User calls are helpful, as they provide updates to all regarding the core content areas of CalREDIE. Additionally, it is helpful to hear the issues that other jurisdictions are experiencing.

Finally, because of CalREDIE, we have gained access to content experts within the CDPH Branches AND team members who work directly with Branch staff – this has helped our understanding of how the Branches process reportable diseases, and has thus improved reporting to them."

CalREDIE Users Corner

CalREDIE improves surveillance activities at the state and local level

For LHDs, CalREDIE provides the ability to transfer case details across jurisdictions to ensure continuity of care when patients relocate. This functionality is particularly important with tuberculosis, where treatment often extends from six months to several years, by helping to ensure proper treatment and reducing the risk of acquired drug resistance. LHDs which had relied upon paper-based reporting now have access to electronic data for review and analysis, allowing jurisdictions to make updates and corrections to their own data. Multiple local staff can work on a particular case simultaneously, tracking progress through the case, and accessing to each other's edits and notes. Case tracking also informs CalREDIE state and local users when cases have been entered, are under investigation with the LHD, are undergoing state review, or have been closed as a case.

"CalREDIE has been helpful for some IDB SME's who are investigating clusters of foodborne illness. It is allowing them to look at incidents reported from the Lab or other sources without having the LHD fax reports to them. They can also see reports while the investigation is ongoing."

Hilary Rosen, Epidemiologist, Communicable Disease Emergency Response Branch, CDPH

At the state level, CalREDIE improves efficiency by eliminating the duplicate data entry inherent in legacy reporting; data entry at the local level provides complete data to the CDPH repository in an electronic format. The standardization of fields and required elements modified during the project configuration phase enable consistent data submission to state epidemiological staff, thereby allowing more efficient and timely surveillance reporting from CDPH to the LHDs. Business rules built into the application generally limit data errors by prompting users when incorrectly formatted or improperly keyed entries are entered, resulting in cleaner data submission. The bi-directional nature of the system, combined with the efficiencies designed into the application, drastically improves the ease and timeliness of reporting, thus helping both local and state users with their surveillance efforts.

"In the TBCB, real-time access to RVCT data by selected staff allows just-in-time assistance to LHDs with questions on completing the RVCT and transfers between jurisdictions. When the genotyping feature is enabled, up-to-date RVCT data will be matched in a more timely manner to genotyping data for review and possible identification of case clusters and outbreaks."

Janice Westenhouse Chief, Tuberculosis Surveillance and Epidemiology, CDPH

CalREDIE Newsletter, June '11

In preparation for V10 release

We plan to release the much anticipated Version 10 to Production later this summer. The Version 10 upgrade includes several enhancements based on suggestions and requests from our users including the updates to the interface. The CalREDIE team is busy planning for this release to Production – our largest Production upgrade to date, and our first Production upgrade with so many LHDs using CalREDIE - to ensure that this goes as smoothly as possible. To prepare our users for this transition, we will be:

1. Preparing the Version 10 Staging environment which will allow our current users an opportunity to explore the new features in Version 10 before Version 10 goes to Production
2. Performing User Acceptance Testing in staging with CalREDIE users
3. Updating the CalREDIE User Guide and Reference Guide
4. Preparing new documentation that outlines and describes the NEW features in Version 10
5. Developing and scheduling WebEx trainings to cover the NEW features in Version 10. These will be offered multiple times prior to and after Version 10 is implemented in Production

In Focus

Data sharing in CalREDIE

CalREDIE has been designed as a unified system with bi-directional reporting capabilities. As patients move within California, their information entered in the system can be shared with the appropriate health departments rather than being recreated each time a patient relocates. Since we are all sharing the same platform, when multi-jurisdictional issues arise, everyone is on the same page. In an outbreak situation, affected jurisdictions can perform near real-time tracking and aggregated reporting of surveillance issues, allowing targeted and efficient planning, development, and implementation of local infection control strategies.

CALREDIE LSAC data sharing discussions

Cross-jurisdictional access, use, and disclosure of personal health data is a highly sensitive concept. As configuration of CalREDIE was underway, the CalREDIE team invited representatives from several CCLHO affiliate organizations to form the Local Stakeholder Advisory Committee (LSAC). The LSAC's role was to serve as a liaison between member organizations and CalREDIE and provide advice on various policy-related issues regarding the use of CalREDIE. After much discussion on data sharing in CalREDIE, LSAC agreed that data access is important to enable LHDs to understand what is going on in surrounding counties. In February 2010, the motion for data sharing in CalREDIE was discussed by the CCLHO Board of Directors and members. Finally, the CCLHO Board passed a recommendation in the form of a motion and adopted the policy that all electronic data in the CalREDIE system be shared across LHDs and programs throughout the state with two conditions – (1) out-of-jurisdiction data access would be read-only and (2) data access would only be given to limited specific individuals who are approved by the local health officer. HIV/AIDS data was not included in this motion. Also, LHDs would decide how data is to be shared between programs within the same LHD.

The data sharing discussion with LSAC reconvened in January 2011. We have set periodic meetings to evaluate currently available options to accomplish the data sharing request from CCLHO. Most recently, the CDPH team has been working with our legal department to assess the implications of HIV data sharing in the context of the CalREDIE Data Sharing model, now that we are working towards including HIV/AIDS data in the system.

The final recommendations from LSAC will be shared with the members of their affiliate organizations, who will have the opportunity to vote on the options. The result of this survey, along with the recommendations of the LSAC group members, will be discussed at the CCLHO Communicable Diseases (CD) committee. Furthermore, final recommendations made by the CCLHO CD committee will be reviewed by a broader CCLHO group. As the dialogue surrounding data sharing in CalREDIE progresses, we will keep our users and interested parties closely informed.

Data Services

CDPH's vision for the sharing of data is to provide CalREDIE users and public health professionals throughout the state with data in a secure, usable and consumable format. Local feedback and requests for particular data led to the convening of a CalREDIE data services team to consider these requests and how to expedite getting the users the information they require. More information on this topic coming in the fall Newsletter!

The June'11 issue of CalREDIE Newsletter has been edited by Tamara Srzentic, CalREDIE Outreach & Communication Director

CalREDIE Newsletter, June '11

Meaningful Use

As the CalREDIE team moves to implement ELR for the state's laboratories, components to satisfy federal Meaningful Use (MU) guidelines will be integral to the ELR application. The CalREDIE team has been receiving many questions related to MU. We have been referring inquiries to the Meaningful Use webpage, http://www.cdph.ca.gov/data/informatics/Pages/MeaningfulUseRequirements-ElectronicLaboratoryReporting.aspx that has comprehensive information about the EHR Incentive Program, its requirements, the registration and attestation processes, and how providers will receive incentives. To help our providers in their attestation to MU stage 1, we have released a statement on the MU ELR webpage that CDPH is not currently able to accept laboratory results directly from hospitals. The same page provides information on where providers can test their laboratory data submission and how to attest for meeting Meaningful Use requirements.

Contact

Interested in CalREDIE
Tamara Srzentic, MBA, MS
CalREDIE Outreach & Communications Director
916.709.4519
Tamara.Srzentic@cdph.ca.gov

CalREDIE Users
CalREDIE Help Desk
866.866.1428
CalREDIEHelp@cdph.ca.gov